

THE SUZUKI PRESCHOOL OF NEWTON
An Integrated Arts Program
Student Application for the 2011/2012 School Year
225 Nevada St. Newtonville, MA. 02460
617-964-4522 preschool@suzukinewton.org
www.suzukinewton.org

Date: _____

Child's Name: _____

Date of Birth: _____ Male _____ Female _____

Child's Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Please indicate the program(s) for which you are applying.

___ 8am – 3pm, five days per week

___ 8am – 9am, early morning dropoff

___ 8am – 12pm, five days per week

___ Daily Lunch (drop-in)

___ 9am – 12pm, five days per week

___ 9am – 3pm, five days per week

___ 9am – 12pm, three days per week

___ 9am – 3pm, three days per week

How did you hear about our school?

What are your reasons for considering the Suzuki Preschool for your child?

Child's previous school experience _____

Would you be willing to volunteer in the classroom for any of the following events?

Special Events _____ Enrichment Activities _____ Volunteer _____

Child's Name: _____

PLEASE LIST ALL CHILD'S ALLERGIES _____

Primary Contact Telephone Number _____

Please list the primary contact first as this is the email address that will be used to communicate with you.

Parent (1) Name: _____ Male _____ Female _____

Home Address (if different) _____ City: _____

State: _____ Zip: _____ Home phone _____

email _____ CELL# _____

Parent 1 Occupation: _____ Company _____

Business Phone _____

Address: _____ City/State _____ Zip _____

Parent (2) Name: _____ Male _____ Female _____

Home Address (if different) _____ City: _____

State: _____ Zip: _____ Home phone _____

Email _____ CELL # _____

Parent 2 Occupation: _____ Company _____

Business Phone _____

Business Address: _____ City/State _____ Zip _____

Child lives with Parent (1) _____ Parent (2) _____ Both _____

Other adults (other than parents) or children living in the home:

	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Child's Name: _____

I verify the above information to be correct, and I understand that completion of this form along with the **nonrefundable processing fee** does not guarantee placement in the school.

Signature of parents: parent (1) _____ parent(2) _____

Acceptance Information:

Suzuki primarily accepts new families at the start of the school year according to availability. Confirmation is required in the form of a non-refundable deposit of \$300. \$200 will be applied toward tuition. If the anticipated start date for your child should change, please contact the Preschool Director.